

Sewage Treatment System or Gray Water Recycling System Installation/Reinspection Fee



250 William Howard Taft Road, 2nd Floor
Cincinnati, OH 45219 • 513.946.7800
hamiltoncountyhealth.org

Fee Paid _____

Receipt # _____

Date _____

REI# _____

Received by _____

Residential

Commercial

STS or GWRS Location

Permit Number (If Applicable)

Township/Village/City

Circle One: Inspection Fee or Reinspection Fee

List work to be inspected: _____

Contractor Information

Name

Mailing address

Phone

City

State

Zip

By signing below, I agree to follow all laws, rules, standards, and policies of Hamilton County Public Health and the State of Ohio.

Contractor's Signature

Date